

EXHIBIT “A”

B 10 (Official Form 10) (12/12)

UNITED STATES BANKRUPTCY COURT Northern District of Alabama		PROOF OF CLAIM
Name of Debtor: JEFFERSON COUNTY, ALABAMA	Case Number: 11-05736	<div style="font-size: 24pt; font-weight: bold;">RECEIVED</div> <div style="font-size: 18pt; font-weight: bold;">SEP 17 2013</div> <div style="font-weight: bold;">KURTZMAN CARSON CONSULTANTS</div> <div style="font-weight: bold; margin-top: 10px;">COURT USE ONLY</div> <div style="font-size: 10pt;"> <input type="checkbox"/> Check this box if this claim amends a previously filed claim. Court Claim Number: _____ (If known) Filed on: _____ </div>
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503.		
Name of Creditor (the person or other entity to whom the debtor owes money or property): Revenue Cycle Managements, LLC		
Name and address where notices should be sent: Revenue Cycle Managements, LLC C/O Barry A Friedman Post Office Box 2394, Mobile, Alabama 36652		<div style="font-size: 10pt;"> <input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars. </div>
Telephone number: _____ email: _____		
Name and address where payment should be sent (if different from above):		
Telephone number: _____ email: _____		
1. Amount of Claim as of Date Case Filed: \$ <u>103,254.96</u>		
If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5. <input checked="" type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.		
2. Basis for Claim: <u>services provided</u> (See instruction #2)		
3. Last four digits of any number by which creditor identifies debtor:	3a. Debtor may have scheduled account as: _____ (See instruction #3a)	3b. Uniform Claim Identifier (optional): _____ (See instruction #3b)
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.		
Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: _____ Value of Property: \$ _____ Annual Interest Rate _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable (when case was filed)		Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____ Basis for perfection: _____ Amount of Secured Claim: \$ _____ Amount Unsecured: \$ <u>103,254.96</u>
5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.		
<input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B). <input type="checkbox"/> Up to \$2,600* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. § 507 (a)(7).	<input type="checkbox"/> Wages, salaries, or commissions (up to \$11,725*) earned within 180 days before the case was filed or the debtor's business ceased, whichever is earlier – 11 U.S.C. § 507 (a)(4). <input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. § 507 (a)(8).	<input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5). <input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. § 507 (a)(____).
		Amount entitled to priority: \$ _____
<i>*Amounts are subject to adjustment on 4/1/13 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</i>		
6. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)		



110573613091700000000001

7. Documents: Attached are redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, security agreements, or, in the case of a claim based on an open-end or revolving consumer credit agreement, a statement providing the information required by FRBP 3001(c)(3)(A). If the claim is secured, box 4 has been completed, and redacted copies of documents providing evidence of perfection of a security interest are attached. If the claim is secured by the debtor's principal residence, the Mortgage Proof of Claim Attachment is being filed with this claim. (See instruction #7, and the definition of "redacted".)

RECEIVED

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

If the documents are not available, please explain:

SEP 17 2013

8. Signature: (See instruction #8)**KURTZMAN CARSON CONSULTANTS**

Check the appropriate box.

- ☐ I am the creditor. ☒ I am the creditor's authorized agent. ☐ I am the trustee, or the debtor, or their authorized agent. ☐ I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005.)
- (See Bankruptcy Rule 3004.)

I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief.

Print Name: Barry A Friedman

Title: Attorney

Company: Barry A Friedman & Associates, PC

Address and telephone number (if different from notice address above):

(Signature)

09/11/2013

(Date)

Telephone number: _____ email: _____

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

INSTRUCTIONS FOR PROOF OF CLAIM FORM

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, exceptions to these general rules may apply.

Items to be completed in Proof of Claim form**Court, Name of Debtor, and Case Number:**

Fill in the federal judicial district in which the bankruptcy case was filed (for example, Central District of California), the debtor's full name, and the case number. If the creditor received a notice of the case from the bankruptcy court, all of this information is at the top of the notice.

Creditor's Name and Address:

Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

1. Amount of Claim as of Date Case Filed:

State the total amount owed to the creditor on the date of the bankruptcy filing. Follow the instructions concerning whether to complete items 4 and 5. Check the box if interest or other charges are included in the claim.

2. Basis for Claim:

State the type of debt or how it was incurred. Examples include goods sold, money loaned, services performed, personal injury/wrongful death, car loan, mortgage note, and credit card. If the claim is based on delivering health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information. You may be required to provide additional disclosure if an interested party objects to the claim.

3. Last Four Digits of Any Number by Which Creditor Identifies Debtor:

State only the last four digits of the debtor's account or other number used by the creditor to identify the debtor.

3a. Debtor May Have Scheduled Account As:

Report a change in the creditor's name, a transferred claim, or any other information that clarifies a difference between this proof of claim and the claim as scheduled by the debtor.

3b. Uniform Claim Identifier:

If you use a uniform claim identifier, you may report it here. A uniform claim identifier is an optional 24-character identifier that certain large creditors use to facilitate electronic payment in chapter 13 cases.

4. Secured Claim:

Check whether the claim is fully or partially secured. Skip this section if the

claim is entirely unsecured. (See Definitions.) If the claim is secured, check the box for the nature and value of property that secures the claim, attach copies of lien documentation, and state, as of the date of the bankruptcy filing, the annual interest rate (and whether it is fixed or variable), and the amount past due on the claim.

5. Amount of Claim Entitled to Priority Under 11 U.S.C. § 507 (a).

If any portion of the claim falls into any category shown, check the appropriate box(es) and state the amount entitled to priority. (See Definitions.) A claim may be partly priority and partly non-priority. For example, in some of the categories, the law limits the amount entitled to priority.

6. Credits:

An authorized signature on this proof of claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

7. Documents:

Attach redacted copies of any documents that show the debt exists and a lien secures the debt. You must also attach copies of documents that evidence perfection of any security interest and documents required by FRBP 3001(c) for claims based on an open-end or revolving consumer credit agreement or secured by a security interest in the debtor's principal residence. You may also attach a summary in addition to the documents themselves. FRBP 3001(c) and (d). If the claim is based on delivering health care goods or services, limit disclosing confidential health care information. Do not send original documents, as attachments may be destroyed after scanning.

8. Date and Signature:

The individual completing this proof of claim must sign and date it. FRBP 9011. If the claim is filed electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what constitutes a signature. If you sign this form, you declare under penalty of perjury that the information provided is true and correct to the best of your knowledge, information, and reasonable belief. Your signature is also a certification that the claim meets the requirements of FRBP 9011(b). Whether the claim is filed electronically or in person, if your name is on the signature line, you are responsible for the declaration. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. If the claim is filed by an authorized agent, provide both the name of the individual filing the claim and the name of the agent. If the authorized agent is a servicer, identify the corporate servicer as the company. Criminal penalties apply for making a false statement on a proof of claim.

STATE OF ALABAMA)
JEFFERSON COUNTY)

CONTRACT NO. CGMH-05

PROFESSIONAL SERVICES CONTRACT

THIS AGREEMENT entered into by and between Jefferson County, Alabama, hereinafter called "the County", and Medical Data Systems, Inc., hereinafter called "the Contractor". The effective date of this agreement shall be October 1, 2009.

WHEREAS, the County desires to contract for professional billing services for Cooper Green Mercy Hospital, hereinafter called "the Hospital"; and

WHEREAS, the Contractor desires to furnish said services to the County;

NOW, THEREFORE, the parties hereto do mutually agree as follows:

1. **ENGAGEMENT OF CONTRACTOR:** The County hereto agrees to engage the Contractor and the Contractor hereby agrees to perform the services hereinafter set forth.
2. **SCOPE OF SERVICES:** This Contract results from Jefferson County's Request for Proposal No.21-08, dated October 16, 2007, the terms of which are included herein by reference. The Contractor shall perform all necessary professional services provided under this Contract as required by the Hospital. Contractor's services shall conform to the Official Coding Guidelines for coding and reporting approved by the four cooperating parties responsible for administering the ICD-9-CM System in the United States (American Hospital Association, American Health Information Management Association, Centers for Medicare & Medicaid Services and National Center for Health Statistics) published by the American Hospital Association, Official Coding Guidelines for CPT-4 Coding published by the American Medical Association. Contractor must conduct business and render services to the highest ethical levels to ensure data integrity. Contractor shall commit to the following:
 - Billing shall be made only for services provided, pursuant to all terms and conditions specified by the Hospital, government or private payer and be consistent with industry practice.
 - No false or misleading entries shall be made or submitted on any bills or claim forms, and no personnel shall engage in any arrangement or participate in such an arrangement at the direction of other Contractor personnel (including any officer of Contractor, Manager or Supervisor) that results in such prohibited acts.
 - Any false statement on any bill shall subject personnel to disciplinary action by Contractor including possible termination of employment, and possible civil fines and/or criminal prosecution.
 - The Chief Compliance Officer will audit on an annual basis each client's account to assure that documentation supports the coded and billed diagnosis and procedures and is in compliance with coding guidelines.
 - Management reports to be provided on a monthly basis as follows: Aged Trial Balance: A gross balance is given for all active accounts as well as the aging balances for each financial class by physician. Transaction Summary: A complete listing of all transactions posted to active accounts to date by transaction type

(Personal Check, Insurance, Medicare, etc.). Financial Summary: A year-to-date and a month-to-date listing of all total charges, receipts, adjustments and number of procedures performed by financial class and physician.

3. **TERMS OF AGREEMENT AND AUTHORIZATION TO PERFORM WORK:** The Contractor shall be available to begin professional billing services at an agreed upon time after the effective date of this Contract. The completion date of all services under this Contract is September 30, 2010. However, Contract may be extended, via an amendment to the Contract approved by the Contractor and the Jefferson County Commission, for two (2) additional one year terms, not to exceed three (3) full years.
4. **COMPENSATION:** The Contractor shall be compensated for services rendered at a cost of \$7.00 that shall include coding, data entry into our system, billing, follow up and payment posting to the accounts. The billing component shall include the initial bill and any and all subsequent bills that must be sent (re-bills, bills to secondary or tertiary insurances, statements to patients after the insurance pays). Patients deemed by the Provider as private pay and indigent for billing purposes shall receive at least two statements and follow up phone calls. Hospital will provide the contractor with the patient codes to bill in order to comply with the County's policies on billing indigent patients. Contractor shall issue statements by the fifteenth (15th) of each month for billings received for the previous month. County payment is due within fifteen (15) days of date of invoice. Compensation not to exceed \$325,000.00.
5. **INDEPENDENT CONTRACTOR:** The Contractor acknowledges and understands that the performance of this contract is as an independent contractor and as such, the Contractor is obligated for Workmen's Compensation, FICA taxes, Occupational Taxes, all applicable federal, state and local taxes, etc. and that the County will not be obligated for same under this contract.
6. **CONFIDENTIALITY:** Both Contractor and County agree to abide by all federal, state and local laws pertaining to confidentiality and disclosure with regard to all information and records obtained or reviewed in the course of providing services. Neither party to this Agreement shall use the name of the other party in any promotional or advertising material without the prior written consent of the other party.

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996: The parties to this Contract agree to comply with those provisions of the Health Insurance Portability and Accountability Act of 1996 set forth in Title XI, Part C of the Social Security Act (42 U.S.C. 1320d-1329d-8) and the regulations thereunder (45 C.F.R. Parts 160, 162 and 164) as amended, or any successor law, if and to the extent applicable, which set forth standards for electronic transactions and standards for security and privacy of individually identifiable health information. All medical records and other individually identifiable health information disclosed to the parties, in any form, whether communicated electronically, on paper, or orally, shall be protected from unlawful disclosure in accordance with applicable federal and state law. Contractor will be required to sign a Business Associates Agreement agreeing to abide by the HIPAA Act of 1996.

7. **DISPUTE RESOLUTIONS CLAUSE:** The parties agree that this contract is made and entered into in Jefferson County, Alabama and that all services, materials and equipment to be rendered pursuant to said Agreement are to be delivered in Jefferson County, Alabama. The interpretation and

enforcement of this agreement will be governed by the laws of the State of Alabama. The parties agree that jurisdiction and venue over all disputes arising under this Agreement shall be the Circuit Court of Jefferson County Alabama, Birmingham Division.

8. **MISCELLANEOUS REQUIREMENTS:**

- Upon execution of this contract, the Contractor shall, upon written request, furnish the Jefferson County Finance Department information and other pertinent data required by law.
- Both parties agree that all services rendered under this contract will be done so without regard to race, creed, color, sex, national origin, religion or handicap.

9. **TERMINATION OF CONTRACT:** This Contract may be terminated by the County upon a thirty (30) day written notice to the other party. In the event of termination not the fault of the Contractor, the Contractor shall be compensated for all eligible expenditures to the date of termination, less any payment of reimbursement already made. The Contract shall also terminate if funding ceases to be available. In such situations, the thirty (30) day written notice, referenced above, will not apply.

10. **LIABILITY:** The Contractor shall not, without prior written permission of the **COUNTY** specifically authorizing them to do so, represent or hold themselves out to others as an agent of or act on behalf of the **COUNTY**. The Contractor will indemnify and hold harmless the **COUNTY**, its elected officials and its employees from claims, suit, action, damage and cost of every name and description resulting from the performance of the Contractor, its agents, subcontractors or employees under this Contract.

11. **AMENDMENT OF AGREEMENT:** This Contract contains the entire understanding of the parties, and no change of any term or provision of the Contract shall be valid or binding unless so amended by written instrument which has been executed or approved by the County. Any such amendment shall be attached to and made a part of this Contract. A written request must be made to the County and an amended agreement will be executed.

12. **INSURANCE:** Contractor will maintain such insurance as will protect him and the County from claims under Workmen's Compensation Acts and from claims for damage and/or personal injury, including death, which may arise from operations under this contract. Insurance will be written by companies authorized to do business in Jefferson County, Alabama. Evidence of insurance will be furnished to the Purchasing Agent not later than seven (7) days after purchase order date. Contractor must have adequate General and Professional liability insurance of \$1,000,000 per occurrence.

13. **CONFLICT OF INTEREST:** The Contractor declares, that, as of the date of this contract, neither the County nor any County Commissioner nor any Director nor any other Jefferson County Government official is directly or indirectly interested in this contract or any other contract with the Contractor for which compensation will be sought during the period of time this contract is being performed; and furthermore, the Contractor pledges that he/it will notify the Purchasing Manager in

writing should it come to his/its knowledge that any County official becomes either directly or indirectly interested in the contract or any contract with the Contractor for which compensation will be sought for the aforesaid period. In addition, the Contractor declares that, as of the date of this contract, neither he/it nor any of his/its officers or employees have given or donated or promised to give or donate, either directly or indirectly to any official or employee of the Jefferson County Commission, or to anyone else for the County's benefit, any sum of money or other thing of value for aid or assistance in obtaining this contract or any contract with the County under which compensation will be sought during the period of time this contract is being performed and furthermore, that neither the Bidder nor any of his/its officers.

14. **COUNTY FUNDS PAID:** Contractor and the Contractor representative signed below certify by the execution of this Agreement that no part of the funds paid by the County pursuant to this Agreement nor any part of the services, products or any item or thing of value whatsoever purchased or acquired with said funds shall be paid to, used by or used in any way whatsoever for the personal benefit of any member or employee of any government whatsoever or family member of any of them, including federal, state, county and municipal and any agency or subsidiary of any such government; and further certify that neither the contractor nor any of its officers, partners, owners, agents, representatives, employees or parties in interest has in any way colluded, conspired, with any member of the governing body or employee of the governing body of the County or any other public official or public employee, in any manner whatsoever, to secure or obtain this Agreement and further certify that, except as expressly set out in the scope of work or services of this Agreement, no promise or commitment of any nature whatsoever of any thing of value whatsoever has been made or communicated to any such governing body member or employee or official as inducement or consideration for this Agreement.
15. Any violation of this certification shall constitute a breach and default of this Agreement which shall be cause for termination.

IN WITNESS WHEREOF, the Parties have hereunto set their hands and seals or caused these presents to be executed by their duly authorized representative.

JEFFERSON COUNTY, ALABAMA

By: Betty F. Collins
Betty F. Collins, President
Jefferson County Commission

By: Sandra Hullett
Sandra Hullett, MD, CEO & Medical Director
Cooper Green Mercy Hospital

CONTRACTOR

By: G. David Miller
G. David Miller, President & CEO
Medical Data Systems, Inc.

RETURN THE COPY WITH ORIGINAL SIGNATURE TO
MINUTES CLERK
ROOM 2712 COURTHOUSE
BIRMINGHAM, ALABAMA 35203

RECEIVED BY THE
JEFFERSON COUNTY COMMISSION
DATE: 2-9-10
MINUTE NO: 159
PAGE(S): 303-305

REVENUE CYCLE MANAGEMENT LLC Customer Balance Detail

All Dates

Date	Transaction Type	Num	Due Date	Amount	Open Balance	Balance
COOPER GREEN MERCY HOSPITAL						
12/31/2011	Invoice	20111207	01/15/2012	12,754.00	12,754.00	12,754.00
01/31/2012	Invoice	20120103	02/15/2012	14,532.00	14,532.00	27,286.00
02/29/2012	Invoice	20120203	03/15/2012	12,432.00	12,432.00	39,718.00
03/31/2012	Invoice	20120304	04/15/2012	11,298.00	11,298.00	51,016.00
04/30/2012	Invoice	20120403	05/15/2012	10,276.00	10,276.00	61,292.00
05/31/2012	Invoice	20120503	06/15/2012	2,184.00	2,184.00	63,476.00
06/30/2012	Invoice	20120604	07/15/2012	2,688.00	2,688.00	66,164.00
07/31/2012	Invoice	20120710	08/15/2012	266.00	266.00	66,430.00
08/31/2012	Invoice	20120811	09/15/2012	2,822.00	2,822.00	69,252.00
09/30/2012	Invoice	20120914	10/15/2012	3,395.00	3,395.00	72,647.00
09/30/2012	Credit Memo	20120914_CR	09/30/2012	-3,276.00	-3,276.00	69,371.00
12/31/2012	Invoice	20121214	01/30/2013	2,182.14	2,182.14	71,553.14
01/31/2013	Invoice	20130118	02/15/2013	927.51	927.51	72,480.65
04/30/2013	Invoice	20130413	05/15/2013	28,854.29	28,854.29	101,334.94
05/31/2013	Invoice	20130515	06/15/2013	1,920.02	1,920.02	103,254.96
Total for COOPER GREEN MERCY HOSPITAL				<u>\$103,254.96</u>	<u>\$103,254.96</u>	
TOTAL				<u>\$103,254.96</u>	<u>\$103,254.96</u>	

Friday, Sep 06, 2013 04:34:52 PM PDT GMT-4

REVENUE CYCLE MANAGEMENT LLC

REVENUE CYCLE MANAGEMENT LLC

P.O. BOX 36489
N. CHESTERFIELD, VA
23135-8010

(877)794-2284
www.practicercm.com

Invoice

Date	Invoice No.
12/31/2011	20111207
Terms	Due Date
Net 15	01/15/2012

Bill To
COOPER GREEN MERCY HOSPITAL ATTN: SUSAN PATE JEFFERSON COUNTY FINANCE SUITE 520 COURTHOUSE BIRMINGHAM, AL 35203

Amount Due	Enclosed
\$12,754.00	

Please detach top portion and retain with your payment

Activity	Quantity	Rate	Amount
• BILLING FEES FOR CLAIMS - DECEMBER 2011	1822	7.00	12,754.00
Total			\$12,754.00

PLEASE REMIT BALANCE TO:
REVENUE CYCLE MANAGEMENT
P.O. BOX 2634
CHESTERFIELD, VA 23832

EIN 94-5466182

REVENUE CYCLE MANAGEMENT LLC

(877)794-2284
www.practicern.com

Date	Invoice No.
01/31/2012	20120103
Terms	Due Date
Net 15	02/15/2012

COOPER GREEN MERCY HOSPITAL
ATTN: SUSAN PATE
JEFFERSON COUNTY FINANCE
SUITE 820 COURTHOUSE
BIRMINGHAM, AL 35203

Amount Due	Enclosed
\$14,532.00	

Please detach top margin and return with cash payment.

Activity	Quantity	Rate	Amount
• BILLING FEES FOR CLAIMS - JAN12	2076	7.00	14,532.00
PLEASE REMIT BALANCE TO: NEW PO BOX EFFECTIVE 01/2012		Total	\$14,532.00

PLEASE REMIT BALANCE TO:
NEW PO BOX EFFECTIVE 01/2012

REVENUE CYCLE MANAGEMENT
P.O. BOX 36489
N CHESTERFIELD, VA 23235

EFN 94-54661S2

REVENUE CYCLE MANAGEMENT LLC

REVENUE CYCLE MANAGEMENT LLC

P.O. BOX 36489
N. CHESTERFIELD, VA
23235-8010

(877)794-2284
www.practicercm.com

Invoice

Date	Invoice No
02/29/2012	20120203
Terms	Due Date
Net 15	03/15/2012

Bill To
COOPER GREEN MERCY HOSPITAL ATTN: SUSAN PATE JEFFERSON COUNTY FINANCE SUITE 820 COURTHOUSE BIRMINGHAM, AL 35203

Amount Due	Enclosed
\$12,432.00	

Please detach top portion and retain with your payment.

Activity	Quantity	Rate	Amount
• BILLING FEES FOR CLAIMS - FEB12	1776	7.00	12,432.00
Total			\$12,432.00

PLEASE REMIT BALANCE TO:
NEW PO BOX EFFECTIVE 01/2012

REVENUE CYCLE MANAGEMENT
P.O. BOX 36489
N CHESTERFIELD, VA 23235

EIN 94-3466182

REVENUE CYCLE MANAGEMENT LLC

REVENUE CYCLE MANAGEMENT LLC
P.O. BOX 36489
N. CHESTERFIELD, VA
23235-8010

(877)794-2284
www.practicerm.com

Invoice

Date	Invoice No.
03/31/2012	20120304
Terms	Due Date
Net 15	04/15/2012

Bill To
COOPER GREEN MERCY HOSPITAL ATTN: SUSAN PATE JEFFERSON COUNTY FINANCE SUITE 820 COURTHOUSE BIRMINGHAM, AL 35203

Amount Due	Enclosed
\$11,298.00	

Please detach top portion and retain with your payment.

Activity	Quantity	Rate	Amount
* BILLING FEES FOR CLAIMS - MAR12	1614	7.00	11,298.00
PLEASE REMIT BALANCE TO: NEW PO BOX EFFECTIVE 01/2012			Total \$11,298.00

REVENUE CYCLE MANAGEMENT
P.O. BOX 36489
N CHESTERFIELD, VA 23235-8010

EIN 94-3466182

REVENUE CYCLE MANAGEMENT LLC

REVENUE CYCLE MANAGEMENT LLC

P.O. BOX 36489
N. CHESTERFIELD, VA
23235-8010

(877)794-2284
www.practicercm.com

Invoice

Date	Invoice No.
05/31/2012	20120503
Terms	Due Date
Net 15	06/15/2012

Bill To
COOPER GREEN MERCY HOSPITAL ATTN: SUSAN PATE JEFFERSON COUNTY FINANCE SUITE 820 COURTHOUSE BIRMINGHAM, AL 35203

Amount Due	Enclosed
\$2,184.00	

Please detach top portion and return with your payment.

Activity	Quantity	Rate	Amount
• BILLING FEES FOR CLAIMS - MAY12	312	7.00	2,184.00
Total			\$2,184.00

PLEASE REMIT BALANCE TO:
NEW PO BOX EFFECTIVE 01/2012

REVENUE CYCLE MANAGEMENT
P.O. BOX 36489
N CHESTERFIELD, VA 23235-8010

EDN 94-3466182

REVENUE CYCLE MANAGEMENT LLC

(877)794-2284
www.practicenurse.com

Date	Invoice No.
06/30/2012	20120604
Terms	Due Date
Net 15	07/15/2012

COOPER GREEN MERCY HOSPITAL
ATTN: SUSAN PATE
JEFFERSON COUNTY FINANCE
SUITE 820 COURTHOUSE
BIRMINGHAM, AL 35203

Amount Due	Enclosed
\$2,688.00	

Please detach top portion and return with your payment

Activity	Quantity	Rate	Amount
• BILLING FEES FOR CLAIMS - JUN12	384	7.00	2,688.00
PLEASE REMIT BALANCE TO: NEW PO BOX EFFECTIVE 01/2012			Total \$2,688.00

PLEASE REMIT BALANCE TO:
NEW PO BOX EFFECTIVE 01/2012

REVENUE CYCLE MANAGEMENT
P.O. BOX 36489
N CHESTERFIELD, VA 23235-8010

EN 94-3466182

REVENUE CYCLE MANAGEMENT LLC

(877)794-2284
www.practicercn.com

Date	Invoice No.
07/31/2012	20120710
Terms	Due Date
Net 15	08/15/2012

COOPER GREEN MERCY HOSPITAL
ATTN: SUSAN PATE
JEFFERSON COUNTY FINANCE
SUITE 820 COURTHOUSE
BIRMINGHAM, AL 35203

Amount Due	Enclosed
\$266.00	

Please detach this portion and return with your response.

Activity	Quantity	Rate	Amount
* BILLING FEES FOR CLAIMS - JUL12	38	7.00	266.00
PLEASE REMIT BALANCE TO: NEW PO BOX EFFECTIVE 01/2012		Total	5266.00

PLEASE REMIT BALANCE TO:
NEW PO BOX EFFECTIVE 01/2012

REVENUE CYCLE MANAGEMENT
P.O. BOX 36429
N CHESTERFIELD, VA 23235-8010

EEN 94.5466182

REVENUE CYCLE MANAGEMENT LLC

REVENUE CYCLE MANAGEMENT LLC

P.O. BOX 36489
N. CHESTERFIELD, VA
23235-8010

(877)794-2284
www.practicercm.com

Invoice

Date	Invoice No.
08/31/2012	20120811
Terms	Due Date
Net 15	09/15/2012

Bill To
COOPER GREEN MERCY HOSPITAL ATTN: SUSAN PATE JEFFERSON COUNTY FINANCE SUITE 820 COURTHOUSE BIRMINGHAM, AL 35203

Amount Due	Enclosed
\$2,822.00	

Please detach top portion and return with your payment.

Activity	Quantity	Rate	Amount
• BILLING FEES FOR CLAIMS - AUG12	46	7.00	322.00
• PROGRAMMING CHANGE FOR NEW EMR SCRIPT	1	2,500.00	2,500.00
Total			\$2,822.00

PLEASE REMIT BALANCE TO:
NEW PO BOX EFFECTIVE 01/2012

REVENUE CYCLE MANAGEMENT
P.O. BOX 36489
N CHESTERFIELD, VA 23235-8010

ERN 94-3466182

REVENUE CYCLE MANAGEMENT LLC

REVENUE CYCLE MANAGEMENT LLC
P.O. BOX 36489
N. CHESTERFIELD, VA
23235-8010

(877)794-2284
www.practicerem.com

Invoice

Date	Invoice No.
09/30/2012	20120914
Terms	Due Date
Net 15	10/15/2012

Bill To
COOPER GREEN MERCY HOSPITAL ATTN: SUSAN PATE JEFFERSON COUNTY FINANCE SUITE 820 COURTHOUSE BIRMINGHAM, AL 35203

Amount Due	Enclosed
\$3,395.00	

Please detach top portion and return with your payment.

Activity	Quantity	Rate	Amount
BILLING FEES FOR CLAIMS - JUN-384; JUL-38; AUG-46; SEP-17	485	7.00	3,395.00
Total			\$3,395.00

PLEASE REMIT BALANCE TO:
NEW PO BOX EFFECTIVE 01/2012

REVENUE CYCLE MANAGEMENT
P.O. BOX 36489
N CHESTERFIELD, VA 23235-8010

ETN 94-3466192

REVENUE CYCLE MANAGEMENT LLC

REVENUE CYCLE MANAGEMENT LLC

P.O. BOX 36489
N. CHESTERFIELD, VA
23235-8010

(877)794-2284
www.practicercm.com

Credit Memo

Date	Credit No.
09/30/2012	20120914_CR

Credit To
COOPER GREEN MERCY HOSPITAL ATTN: SUSAN PATE JEFFERSON COUNTY FINANCE SUITE 820 COURTHOUSE BIRMINGHAM, AL 35203

Activity	Quantity	Rate	Amount
BILLING FEES CLAIMS CREDIT - DUPLICATE BILLING JUN (384), JUL (38), AUG (46)	468	7.00	3,276.00
Total Credit			3,276.00

PLEASE REMIT BALANCE TO:
NEW PO BOX EFFECTIVE 01/2012

REVENUE CYCLE MANAGEMENT
P.O. BOX 36489
N CHESTERFIELD, VA 23235-8010

EIN 94-3466182

REVENUE CYCLE MANAGEMENT LLC

REVENUE CYCLE MANAGEMENT LLC
P.O. BOX 36489
N. CHESTERFIELD, VA
23235-8010

(877)794-2284
www.practicercm.com

Invoice

Date	Invoice No.
12/31/2012	20121214
Terms	Due Date
Net 30	01/30/2013

Bill To
COOPER GREEN MERCY HOSPITAL ATTN: SUSAN PATE JEFFERSON COUNTY FINANCE SUITE 820 COURTHOUSE BIRMINGHAM, AL 35203

Amount Due	Enclosed
\$2,182.14	

Please detach top portion and return with your payment.

Activity	Quantity	Rate	Amount
• BILLING FEES FOR CLAIMS - Dec. 2012	0	7.00	0.00
• BILLING FEES FOR CLAIMS - Dec. 2012- Net Collections For DOS After 4/30/2012	2536,91	20.00%	507.38
• BILLING FEES FOR CLAIMS - Dec. 2012- Coding Rate for Non-Billable Cases	596	2.81	1,674.76
Total			\$2,182.14

REVENUE CYCLE MANAGEMENT LLC

(877)794-2284
www.practicercu.com

Date	Invoice No
01/31/2013	20130118
Terms	Due Date
Net 15	02/15/2013

Amount Due	Enclosed
\$927.51	

Please detach top portion and return with 40th pay stub

EIN 94-3466182

REVENUE CYCLE MANAGEMENT LLC

(877)794-2284
www.practicern.com

Date	Invoice No.
04/30/2013	20130413
Terms	Due Date
Net 15	05/15/2013

Amount Due	Enclosed
\$28,854.29	

[illegible]

REVENUE CYCLE MANAGEMENT LLC

REVENUE CYCLE MANAGEMENT LLC
P.O. BOX 36489
N. CHESTERFIELD, VA
23235-8010

(877)794-2284
www.practicercm.com

Invoice

Date	Invoice No.
05/31/2013	20130515
Terms	Due Date
Net 15	06/15/2013

Bill To
COOPER GREEN MERCY HOSPITAL ATTN: SUSAN PATE JEFFERSON COUNTY FINANCE SUITE 820 COURTHOUSE BIRMINGHAM, AL 35203

Amount Due	Enclosed
\$1,920.02	

Please detach top portion and return with your payment.

Activity	Quantity	Rate	Amount
• Storage of HIPAA related Documents- May 2013 (Rate Increase effective 5/1/2013)	1	400.00	400.00
• Interest owed on outstanding debt of:	101334.94	0.015	1,520.02
Total			\$1,920.02